

987

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>155</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>769</u>
Town of <u>miami</u>			Local Registrar No. _____
A or _____		No <u>miami-Inspiration Hospital</u> St. _____ Ward _____	
City of _____		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child <u>Jane Elizabeth Scott</u>			If child is not yet named, make supplemental report, as directed.
3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>
6. Date of birth <u>August 12, 1917</u>		7. Month <u>August</u> day <u>12</u> year <u>1917</u>	
8. FATHER		14. MOTHER	
Full name <u>Thomas Kline Scott</u>		Full maiden name <u>Janie Mawrins Williams</u>	
9. Residence (Usual place of abode) <u>Miami, Arizona</u>		15. Residence (Usual place of abode) <u>Miami, Arizona</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
16. Color or race <u>white</u>		17. Age at last birthday <u>26</u> (Years)	
11. Age at last birthday <u>32</u> (Years)		18. Birthplace (city or place) <u>Kansas City</u>	
12. Birthplace (city or place) <u>New York</u>		(State or country) <u>Missouri</u>	
13. Occupation <u>mining engineer</u>		19. Occupation <u>Housewife</u>	
Nature of industry _____		Nature of industry _____	
20. Number of children of this mother	(a) Born alive and now living <u>2</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
Taken as of time of birth of child herein certified and including this child.)	(b) Born alive but now dead <u>0</u>		
	(c) Stillborn <u>0</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>8 P.</u> m. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>J. J. Miller</u>	
Given name added from supplemental report _____		(Physician or midwife) _____	
Month day, year. <u>123-812-162</u>		Filed <u>Oct 15</u> 19 <u>28</u> <u>C. E. Iron</u>	
Registrar. _____		Filed <u>11-5</u> 19 <u>24</u> <u>B. G. Scott</u>	
		Local Registrar. _____	
		County Registrar. _____	